



**Master License Service**  
Department of Licensing  
P O Box 9034  
Olympia WA 98507-9034  
Telephone: (360) 664-1400  
www.wa.gov/dol

Information provided may be subject to disclosure  
under the public disclosure law (RCW 42.17)

Owner Name \_\_\_\_\_

Unified Business Identifier (UBI) \_\_\_\_\_

Federal Employer Identification Number (FEIN) \_\_\_\_\_

*For Validation - Office Use Only*

## MASTER APPLICATION

(Please type or print clearly in dark ink.)

**Mail Directly** to the Master License Service  
or file in person at any UBI service location.



01P-400-731-0003

### 1. Purpose of Application

*Please check all boxes that apply*

- |   |  |
|---|--|
| <input type="checkbox"/> Open/Reopen Business<br><i>complete sections 2, 3, (4 if hiring employees) and 5</i>                               | <input type="checkbox"/> Hire Employees<br><i>complete <b>all</b> sections</i>   |
| <input type="checkbox"/> Change Ownership<br><i>complete sections 2, 3, (4 if you have employees) and 5</i>                                 | <input type="checkbox"/> Hire Employees Under Age 18<br><i>complete <b>all</b> sections</i>  |
| <input type="checkbox"/> Add License/Registration to Existing Location<br><i>complete sections 2, 3 and 5</i>                               | <input type="checkbox"/> Hire Persons to Work in or Around Your Home<br><i>complete sections 2, 3c, 4 and 5 (no application fee)</i> |
| <input type="checkbox"/> Register Trade Name<br><i>complete sections 2, 3 and 5</i>   | <input type="checkbox"/> Other _____<br><i>complete <b>all</b> sections</i>  |
| <input type="checkbox"/> Change Trade Name - complete sections 2, 3 and 5<br><i>indicate name to be cancelled: _____</i>                    |  |
| <input type="checkbox"/> Change or Open Location - complete sections 2, 3a, 3b, 3c and 5<br><i>indicate old address to be closed: _____</i> |  |

### 2. Licenses and Fees

*Use the License Fee Sheet for the information needed to complete this list*

Indicate Registrations Needed	Fees Due
<input type="checkbox"/> Tax Registration – Do you want a separate tax return for each business/trade name? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>No Fee</b>
<input type="checkbox"/> Industrial Insurance <i>(if you will have employees)</i>	<b>No Fee</b>
<input type="checkbox"/> Unemployment Insurance <i>(if you will have employees)</i>	<b>No Fee</b>
<input type="checkbox"/> Minor Work Permit <i>(if you will have employees under age 18)</i>	<b>No Fee</b>
<input type="checkbox"/> New Trade Name <i>(Doing Business As):</i>	<b>\$ 5.00</b>
<b>Indicate Other Licenses (such as Lottery Retailer) or additional Trade Names (\$5 each name):</b> <i>(see License Fee Sheet for more information.)</i>	
	\$
	\$
	\$
	\$
	\$
	\$

Enclose check for **total amount due**, including the  
Application Fee, which **MUST** be submitted with this form

**Application Fee** **\$ 15.00**

➤ **Make check payable to the WASHINGTON STATE TREASURER.**

**Total Amount Due** **\$**

### 3. Business Information

Please complete the appropriate section for business ownership structure. Attach additional sheets if necessary.

➤ **Business Open Date** \_\_\_\_\_ / \_\_\_\_\_ (If unknown, please estimate.)  
MM YY

#### a. Please check the one box that applies to your business.

☐ Sole Proprietor: Should spouse's name appear on license? ☐ Yes ☐ No (if applicable)

☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership ☐ Limited Liability Company  
☐ Washington Corporation ☐ Out of State Corporation ☐ Non Profit Corporation (educational, religious, charitable)

Partnership, Corporation, LLC or LLP Name \_\_\_\_\_

State incorporated/formed: \_\_\_\_\_ Year incorporated/formed: \_\_\_\_\_

☐ Association ☐ Trust ☐ Municipality ☐ Other

Name of Organization \_\_\_\_\_

<b>b.</b> _____		_____ Inside city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No
Doing Business As (DBA)/Trade Name		County in Which Business is Located
Business Mailing Address (Street or PO Box, Suite No. Do not use building name)		Business Street Address (street or route - physical location only)
City	State	Zip
( )	( )	
Business Telephone Number	Fax Number	Internet/E-Mail Address

#### c. List all owners: Sole proprietor, partners, officers, and LLC members. Attach additional pages if needed.

➤ Name (Last, First, Middle) _____		Title _____	
Home Address (Street or PO Box) _____		_____ / _____ / _____	_____
City _____ State _____ Zip _____		Date of Birth	Social Security Number % Owned
Spouse's Name (Last, First, Middle) _____		Home Telephone Number _____	
_____		_____ / _____ / _____	_____
_____		Date of Birth	Social Security Number
➤ Name (Last, First, Middle) _____		Title _____	
Home Address (Street or PO Box) _____		_____ / _____ / _____	_____
City _____ State _____ Zip _____		Date of Birth	Social Security Number % Owned
Spouse's Name (Last, First, Middle) _____		Home Telephone Number _____	
_____		_____ / _____ / _____	_____
_____		Date of Birth	Social Security Number
➤ Name (Last, First, Middle) _____		Title _____	
Home Address (Street or PO Box) _____		_____ / _____ / _____	_____
City _____ State _____ Zip _____		Date of Birth	Social Security Number % Owned
Spouse's Name (Last, First, Middle) _____		Home Telephone Number _____	
_____		_____ / _____ / _____	_____
_____		Date of Birth	Social Security Number

Social Security Number is required for all sole proprietors (RCW 26.23.150) and for all persons associated with a business that will have liquor, lottery, or private investigator licenses, in accordance with the Washington laws regulating those businesses.



**Please continue Business Information on page 3.**

### 3. Business Information (continued)

- d.** Estimate gross annual income in Washington  
(Please check one box that applies to your business. Estimate if needed.)

☐ 0 - \$12,000    ☐ \$12,001 - \$28,000    ☐ \$28,001 - \$60,000    ☐ \$60,001 - \$100,000    ☐ \$100,001 and above

**e.** Please indicate the primary business activity you do in Washington (check only one):

☐ Wholesale    ☐ Retail    ☐ Manufacturing    ☐ Services

**f.** Describe in detail the principal products or services you provide in Washington. (Failure to provide this information will cause delay in processing your application.)

\_\_\_\_\_

\_\_\_\_\_

**g.** Did you buy, lease, or acquire all or part of an existing business?    ☐ No    ☐ All    ☐ Part

Date bought/leased/acquired: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_    Prior Business Name \_\_\_\_\_

\_\_\_\_\_ ( ) \_\_\_\_\_

Prior Owner's Name and address \_\_\_\_\_ Telephone number \_\_\_\_\_

**h.** Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax?    ☐ Yes    ☐ No

If yes, indicate purchase or lease price: \$ \_\_\_\_\_

**i.** If this business is owned by, controlled by, or affiliated with any other business entity, please indicate that business entity's name: \_\_\_\_\_

**j.** If you are changing your business structure, (i.e., changing from sole proprietorship to corporation) and want the old account closed, please indicate UBI number to be closed: \_\_\_\_\_

**k.** If you ever owned another business, please provide: \_\_\_\_\_ Business Name \_\_\_\_\_ UBI Number \_\_\_\_\_

**l.** If you currently own more than one Washington business/trade name, do you want a separate tax return for each?    ☐ Yes    ☐ No

**m.** List your bank name: \_\_\_\_\_

## Do you plan to have employees or wish to register for optional coverage?

*(Some LLC members are considered to be employees.)*

*For further information on optional coverage definitions, see License Fee Sheet)*

☐ Yes      ☐ No

***If NO, skip to section 5.***

***If YES, complete sections 4 and 5.***



## 4. Employment

Complete if you employ, or plan to employ, one or more persons in Washington; or if you want optional coverage under this ownership.

<b>a.</b>	Date of first employment or planned employment at this location. _____ / _____ / _____ MM DD YY	First date wages paid. _____ / _____ / _____ MM DD YY																	
<b>b.</b>	Number of persons you employ or plan to employ at this location (Do not include owners): _____																		
<b>c.</b>	Estimate the number of persons under 18 (minors) you will employ in the next 12 months: _____ Estimate number of minors that will be under 16: _____ Are any of the minors working in an agricultural business? <input type="checkbox"/> Yes <input type="checkbox"/> No																		
	▪ List the specific duties performed by <b>minors</b> at this location: _____ _____																		
<b>d.</b>	If you operate at more than one location, do you wish to report the employee information at the locations: <input type="checkbox"/> Together <input type="checkbox"/> Separately																		
<b>e.</b>	Do you want unemployment insurance coverage for corporate officers? <input type="checkbox"/> Yes — Prior to coverage, Form 5203 is required. This form will be sent to you by Employment Security Department. <input type="checkbox"/> No — The corporation must inform officers in <i>writing</i> that they are not covered for unemployment insurance.																		
<b>f.</b>	If you want industrial insurance for sole proprietor(s), partners, owners, corporate officers or LLC members, mark this box. <input type="checkbox"/> Yes — Prior to coverage, Form F213-042-000 is required. Form will be sent to you by Dept. of Labor & Industries.																		
<b>g.</b>	If you want optional industrial coverage for excluded employment, mark this box. (See License Fee Sheet for descriptions.) <input type="checkbox"/> Yes — Prior to coverage, Form F213-112-000 is required. Form will be sent to you by Dept. of Labor & Industries.																		
<b>h.</b>	If your entity is a Limited Liability Company, is your management vested? <input type="checkbox"/> Yes — If managers are also members, they are exempt from industrial insurance coverage. <input type="checkbox"/> No — If managers are not members, they are mandatorily covered for industrial insurance coverage.																		
<b>i.</b>	Please check the <b>ONE</b> box, which best describes the major operation of your business and provide activity in detail below. <table border="0"><tr><td><input type="checkbox"/> (01) Construction-Wood Frame Bldg.</td><td><input type="checkbox"/> (05) Shipbuilding</td><td><input type="checkbox"/> (09) Mfg. - Food Products</td><td><input type="checkbox"/> (13) Retail/Wholesale Trade</td></tr><tr><td><input type="checkbox"/> (02) Construction-All other</td><td><input type="checkbox"/> (06) Mining/Quarrying/Sand &amp; Gravel</td><td><input type="checkbox"/> (10) Miscellaneous Mfg.</td><td><input type="checkbox"/> (14) Services/Maint./Restaurants</td></tr><tr><td><input type="checkbox"/> (03) Logging/Forestry/Trucking</td><td><input type="checkbox"/> (07) Mfg. - Wood/Metal/Stone Products</td><td><input type="checkbox"/> (11) Machine Shops/Auto Repair</td><td><input type="checkbox"/> (15) Communications</td></tr><tr><td><input type="checkbox"/> (04) Temp. Help/Employee Leasing</td><td><input type="checkbox"/> (08) Mfg. - Chemicals</td><td><input type="checkbox"/> (12) Agricultural/Farming</td><td><input type="checkbox"/> (16) Clerical/Professional Occup.</td></tr></table>		<input type="checkbox"/> (01) Construction-Wood Frame Bldg.	<input type="checkbox"/> (05) Shipbuilding	<input type="checkbox"/> (09) Mfg. - Food Products	<input type="checkbox"/> (13) Retail/Wholesale Trade	<input type="checkbox"/> (02) Construction-All other	<input type="checkbox"/> (06) Mining/Quarrying/Sand & Gravel	<input type="checkbox"/> (10) Miscellaneous Mfg.	<input type="checkbox"/> (14) Services/Maint./Restaurants	<input type="checkbox"/> (03) Logging/Forestry/Trucking	<input type="checkbox"/> (07) Mfg. - Wood/Metal/Stone Products	<input type="checkbox"/> (11) Machine Shops/Auto Repair	<input type="checkbox"/> (15) Communications	<input type="checkbox"/> (04) Temp. Help/Employee Leasing	<input type="checkbox"/> (08) Mfg. - Chemicals	<input type="checkbox"/> (12) Agricultural/Farming	<input type="checkbox"/> (16) Clerical/Professional Occup.	
<input type="checkbox"/> (01) Construction-Wood Frame Bldg.	<input type="checkbox"/> (05) Shipbuilding	<input type="checkbox"/> (09) Mfg. - Food Products	<input type="checkbox"/> (13) Retail/Wholesale Trade																
<input type="checkbox"/> (02) Construction-All other	<input type="checkbox"/> (06) Mining/Quarrying/Sand & Gravel	<input type="checkbox"/> (10) Miscellaneous Mfg.	<input type="checkbox"/> (14) Services/Maint./Restaurants																
<input type="checkbox"/> (03) Logging/Forestry/Trucking	<input type="checkbox"/> (07) Mfg. - Wood/Metal/Stone Products	<input type="checkbox"/> (11) Machine Shops/Auto Repair	<input type="checkbox"/> (15) Communications																
<input type="checkbox"/> (04) Temp. Help/Employee Leasing	<input type="checkbox"/> (08) Mfg. - Chemicals	<input type="checkbox"/> (12) Agricultural/Farming	<input type="checkbox"/> (16) Clerical/Professional Occup.																
<b>j.</b>	<table border="1"><thead><tr><th rowspan="2">Describe in detail the activities of your employees and/or indicate the category of optional coverage for excluded employment requested:</th><th colspan="2">3-Month Estimate</th></tr><tr><th>Number of Employees</th><th>Workers' Hours (Include Minors)</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		Describe in detail the activities of your employees and/or indicate the category of optional coverage for excluded employment requested:	3-Month Estimate		Number of Employees	Workers' Hours (Include Minors)												
Describe in detail the activities of your employees and/or indicate the category of optional coverage for excluded employment requested:	3-Month Estimate																		
	Number of Employees	Workers' Hours (Include Minors)																	

## 5. Signature

Signature of sole proprietor or spouse, partner, corporate officer, or limited liability member/manager.

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I am the applicant or authorized representative of the firm making this application and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.

<b>X</b>	_____	_____ / _____ / _____
Signature Required		Date
Application Prepared By (Please Print)	( ) _____	_____ / _____ / _____
Title	Telephone No.	Date
UBI Agency Representative	( ) _____	_____ / _____ / _____
	Telephone No.	Date